

1. CIR./DIST./DIV. CODE TNW		2. PERSON REPRESENTED Lyons, Stephanie		VOUCHER NUMBER																																																																																																																																																								
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:05-020250-003		5. APPEALS DKT./DEF. NUMBER																																																																																																																																																								
7. IN CASE/MATTER OF (Case Name) U.S. v. Lyons		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant																																																																																																																																																								
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1343. F -- FRAUD BY WIRE, RADIO, OR TELEVISION																																																																																																																																																												
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS ANDERSON, WILLIAM 369 N MAIN ST MEMPHIS TN 38103 Telephone Number: (901) 527-6521			13. COURT ORDER <input checked="" type="checkbox"/> A Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case or <input type="checkbox"/> Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court 08/03/2005																																																																																																																																																									
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)			Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																									
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MEMPHIS, TN
D.C.

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Notice of Distribution

This notice confirms a copy of the document docketed as number 48 in case 2:05-CR-20250 was distributed by fax, mail, or direct printing on August 8, 2005 to the parties listed.

Camille Reese McMullen
U.S. ATTORNEY'S OFFICE
167 N. Main St.
Ste. 800
Memphis, TN 38103

William C. Anderson
ANDERSON LAW FIRM
142 North Third St.
Memphis, TN 38103

Honorable Jon McCalla
US DISTRICT COURT